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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/827,332			ing Date 06/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR	NI	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		*		x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a		pplication size fee due Il entity) for each or fraction thereof. See							
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(j))									
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	09/23/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 30	Minus	** 85	= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	* 2	Minus	***5	= 0		X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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